P.				CATE OF MISSOURI	157 0 2 0	
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D. CITY (If outside corporate limits, give TOWNSHIP only)  TOWN St. Louis  C. FULL NAME OF (IN OTT inheapseld), live location) Longulo to stry in 1b  27 MOSTITUTION MILLER NUTSING H. 11fetime  MOSPITAL OR  MOSPITA	1.			- CTATE	L COUNTY	
OR TOWN Stabuis Affton   Very Not   Town St. Louis   Reside on Farm Very Not   Park Not	厂		1	MISSO	uri -	
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St. Louis Mo.   U.S.						
Retired Pressman Printing St. Louis Mo. U.S.  18. Father's Name  Richard T. Jackson  15. Who decrated ever in U.S. Armed Forects)  15. Who decrated ever in U.S. Armed Forects)  16. Social Security No. 17. Informant  Alice Jackson 4280 Penrose St/  18. Address  Interval letwen  Onsett Applead  Interval letwen  Interval letwen  Onsett Applead  Interval letwen  Interval letwen  Onsett Applead  Interval letwen  Interval letwen  Onsett Applead  Interval letwen  Onsett Applead  Interval letwen  Interval letwen  Interval letwen  Onsett Applead  Interval letwen  Interval letwen  Onsett Applead  Interv	10a	during most of working life, even if retired)		• •	70	
RICHARD T. Jackson  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  17/44. 80. or unknown)  17/45. 80. or unknown)  17/45. 80. or unknown)  17/45. 80. or unknown)  18. SOLIAL SECURITY NO. 17. INFORMANT  Alice Jackson 4280 Penrose St/  Alice Jackson 4280 Penrose St/  18. SOLIAL SECURITY NO. 17. INFORMANT  Alice Jackson 4280 Penrose St/  18. SAUSE DE DEATH (Enter only one cause per line for (a), (a), and (c).]  18. Candilions, if any, which gate rise to observe cause (9):  18. Candilions, if any, which gate rise to observe cause (9):  18. Candilions, if any, which gate rise to observe cause (9):  18. Candilions, if any, which gate rise to observe any Death State  Conditions, if any, which gate rise to observe any Death State  Conditions, if any, which gate rise to observe any Death State  Conditions, if any, which gate rise to observe any Death State  Conditions, if any, which gate rise to observe any Death State  Conditions, if any, which gate rise to observe any Death State  Conditions, if any, which gate line for (a), (a), and (c).]  PART II, OTHER SIGNIFICANT CONDITIONS CONTRINGTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)  19. WAS AUTOPSY PERFORMED  19.		Retired Pressman   Printin		St.Louis Mo.	U.	5.
15. WAS DÉCEASED EVER IN U. S. ARMED FORCES   16. SOCIAL SECURITY NO.   17. IMPORMANT   17. IMPORTANT   17.	13.	FATHER'S NAME				
Conditions, if any, which gare rise to above cause (a), the continue of the			Maria C. White			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH MAS CAUSE (a)  Conditions, if any other cause (a)  Line of air rise (a)  Above cause (a), staining the under  If they cause (a), staining the under  If they cause (a).  DUE TO (c)  Lating the under  If they cause (a), staining the under  If they cause (a), staining the under  If they cause (a).  DUE TO (c)  Lating the under  If they cause (a), staining the under  If they cause (a), staining the under  If they cause (a).  DUE TO (c)  Lating the under  If they cause (a), staining the under  If they cause (a), s	( Y e	es. no. or unknown) (If yes, give war or dates of service)				s St/
PART I. DEATH WAS CAUSE (a)    Conditions, if only, which gate itset to dobte cause (a)   DUE TO (b)   Conditions of the terminal objects and the part itset to dobte cause (a), and the part itset to dobte cause (a), and the part itset to dobte cause (a).   DUE TO (c)   Conditions of the terminal objects and the part itset to object cause (a), and the part itset to the terminal objects and the part itset to the terminal objects and the part itset to part itset	_			WIICE SUCKED	n vzoo remios	
abore cause (a), stating the under lying cause last.  DUE TO (c)		PART I. DEATH WAS CAUSED BY:	ulure			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRINGTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(q)   19. WAS AUTOPSY PERFORMED? YES   No   G	:	which gave rise to above cause (a). stating the under-	ie se	yseas di	ti	2-4-10.
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED AT WORK AT WORK  21. I attended the deceased from AT WORK AT WORK  21. I attended the deceased from AT WORK AT WORK  22. SIGNATURE (Degree or lilite)  23. BUBBLAL CREMATION. REMOVAL (Specify)  RILITIA]  6/7/57  Oak Grove Cemetery St. Louis Co.  NO.  25. DATE RECO. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  MOTTEL Funeral Home  27. DATE SIGNATURE  28. REGISTRAR'S SIGNATURE  28. REGISTRAR'S SIGNATURE  29. DATE RECO. BY LOCAL REG.  20. REGISTRAR'S SIGNATURE  20. DATE ADDRESS  21. DATE RECO. BY LOCAL REG.  22. REGISTRAR'S SIGNATURE  23. RELIGIATION CO.  26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  29. DATE RECO. BY LOCAL REG.  20. REGISTRAR'S SIGNATURE  20. DATE RECO. BY LOCAL REG.  20. DATE RECO. BY LOCAL REG.  21. DATE RECO. BY LOCAL REG.  22. DATE RECO. BY LOCAL REG.  23. DATE RECO. BY LOCAL REG.  24. FINERAL DIRECTOR PURP CALL REG.  25. DATE RECO. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  29. DATE RECO. BY LOCAL REG.  20. DATE RECO. BY LOCAL REG.  20. DATE RECO. BY LOCAL REG.  20. DATE RECO. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27. DATE RECO. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  29. DATE RECO. BY LOCAL REG.  20. DATE RECO. BY LOC	ĕ	lying cause last. ) Our 10 (c)	TON CIVEN IN PAST I(a)	19. WAS AUTOPSY		
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20c. TIME OF Hour Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE AT NOT WHILE AT WORK  21. I attended the deceased from Special mon the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or tille)  22b. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Burial  ADDRESS  25c. NAME OF CEMETERY OR CREMATORY  Oak Grove Cemetery  25c. Date Reco. By Local Reg.  26c. Registran's Signature  Morrell Funeral Home  3710  N. Grand  26c. PLACE OF INJURY (e. g., in or about home. 20f. CITY. TOWN. OR LOCATION  COUNTY  STATE  20f. CITY. TOWN. OR LOCATION  COUNTY  STATE  20f. CITY. TOWN. OR LOCATION  COUNTY  STATE  27 Jand last saw him alive on 19 Jan.  STATE  28 Jan.  18 Jan.  29 Jan.  20 Jan.  20 Jan.  20 Jan.  21 Jan.  22 Jan.  22 Jan.  23 Jan.  23 Jan.  24 Jan.  25 Jan.  26 Jan.  26 Jan.  27 Jan.  28 Jan.  28 Jan.  28 Jan.  28 Jan.  29 Jan.  29 Jan.  20 Jan.  22 Jan.  23 Jan.  24 Jan.  25 Jan.  26 Jan.  26 Jan.  27 Jan.  28 Jan.  29 Jan.  20 Jan.  21 Jan.  22 Jan.  23 Jan.  24 Jan.  25 Jan.  26 Jan.  27 Jan.  28 Jan.  28 Jan.  28 Jan.  28 Jan.  28 Jan.  28 Jan.  29 Jan.  29 Jan.  20 Jan.  20 Jan.  20 Jan.  20 Jan.  20 Jan.  20 Jan.  21 Jan.  22 Jan.  23 Jan.  24 Jan.  25 Jan.  26 Jan.  27 Jan.  28 Jan.  29 Jan.  20 Jan	RTIF		V INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
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Death occurred at	M	WHILE AT NOT WHILE I farm, factory, street, office	in or about home, e bldg., etc.)	20/. CITY, TOWN, OR LOCAT	ON COUNTY	STATE
Death occurred at	ı	21. I attended the deceased from	6 . 10 2	une 4, 1957 an	d last saw him alive on	14/57
23a. Burnal, Cremation, Removal (Specify)  Burial 6/7/57 Oak Grove Cemetery St. Louis Co, Mo.  24. Fineral Director Funeral Home 3710  N. Grand 25. Date reco. By Local Reg. 26. Registrar's Signature Completed Reg. 27. Date Reco. By Local Reg. 28. Danlemp		Death occurred at		stated above; and to the		m the causes stated.
Ririal 6/7/57 Oak Grove Cemetery St. Louis Co, Mo.  24. FUNERAL DIRECTOR FUNEral Home 3710  N. Grand Company C	1	22a. SIGNATURE (Degree or title)	. 2	22b. ADDRESS	13, 2 14 5	22c, DATE SIGNED
REMOVAL (Specify)  Burial 6/7/57 Oak Grove Cemetery St. Louis Co, Mo.  24. FUNERAL DIRECTOR  MORTELL Funeral Home 3710  N Grand C-6-57 Keefistran's SIGNATURE  Wellet B. Domlehn	_	allas 1. Mules DO		1051 Umon	dd. Hollow Un	6 6/5/57
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Morrell Funeral Home 3/10 6-6-57 Werkert B. Domlemp		Burial 6/7/57 Oak G				MO.
	<u>24</u> ∔	Morrell Funeral Homes 3710		,	Herbert B.	Domleho
	_			ent on Reverse Side)		X91

I hereby certify that t	he body whose	e name is re	corded on the	reverse s	ide of this certif	icate was e
•			•	•	•	
by me, or by				,	Student Embalm	er No
working under my personal	supervision					

Signature of Student Embalmer

Likensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.